the carbohydrate intake as decreased sugar tolerance is present in many cases.

In the subsequent discussion, one surgeon reported a good result after sympathectomy, and another had achieved some success with a combination of Meyer's method of treatment and the exhibition of increasing doses of the nitrites.

Further note on the case.—The late Dr. A. E. Garrow provided me with the following note:

"Handley's operation was performed on June 21st, 1923, under spinal anaesthesia. This involved exposing the femoral artery on the inside of the upper part of Hunter's canal for a length of three inches.

The portion of artery uncovered was rough, reddened and adherent to the surrounding connective tissue canal, whereas the vein was smooth, non-adherent, and showed no evidence of periphlebitis. Feeble pulsation was felt on palpation, but none seen on inspection. Five drops of 85% alcohol were injected into the adventitia of the artery at five equi-distant parts of the circumference of the vessel producing thereby a swollen, white tubular band, one and a half inches in length which completely surrounded the vessel. Hunter's canal was closed by cat-gut sutures, the sartorius muscle replaced and the skin wound closed by silk sutures."

At the end of forty-eight hours the pain in the foot had very largely subsided and the colour of the toes had assumed a more normal appearance, the glazed condition becoming dull. On July 13th the patient was discharged from the hospital. He reported to the Surgical Out Door department on July 19th, and Dr. F. McKenty noted that "examination of the toes shows marked improvement and the discolouration has nearly all disappeared. There is a slight difference in the temperature of the skin of the feet, the right being warmer. The fifth toe on the left side shows no evidence of previous gangrene."

The patient has not come again to the hospital and on enquiry it is found that he went to California six months ago.

A MIXED CELL SARCOMA OF THE KIDNEY IN A CHILD ELEVEN MONTHS OLD

F. M. Fry, M.D.

Montreal

Patient.—Percy Maynard, aged eleven months, was admitted to the Children's Out-Door Department of the Royal Victoria Hospital on May 1st, 1911.

Complaints.—(Given by the mother), lump in the left side.

Personal History:—A full term child, seven pounds at birth apparently normal. No breast feeding. Horlick's Malted Milk was given exclusively in first eleven months. First tooth appeared at ten months. Had chicken-pox. Slight bronchitis two weeks ago.

Present Illness:—Two weeks ago a physician on examining the child found a mass in the left flank and the mother promptly brought him to the Royal Victoria Hospital. There is no history of passing red urine, or any disturbance whatever.

Family History.—Father and mother well. No history of tuberculosis, miscarriages, or cancer. Patient is the only child.

Present Condition.—A well nourished child. T. 99, P. 112, R. 28. All systems negative. Urine acid, clear amber, 1030, no albumin, no sugar. Microscopically: no red blood corpuscles, few pus cells and slight epithelial debris. No general lymphadenitis.

Examination.—On examination of the abdomen a hard mass about the size of one's fist was readily found in the left upper quadrant, which bulged markedly more prominently than the right. This mass is roughly quadrilateral and extremely hard. It moves vertically up and down with respiration, has no notch apparently and bowel tympany can be demonstrated in front of the mass. Sarcoma of the kidney seemed the only diagnosis possible. Liver negative.

He was transferred to Dr. Garrow's service who, a week later, removed the tumour and Dr. Gruner of the Pathological Department pronounced it on microscopic section a mixed-celled sarcoma.

Recovery was uninterrupted and he was discharged well on June 15th (five weeks after operation).

He was re-admitted November 7th, 1914, T. 102, P. 125, R. 44, and found to have pleural effusion which one feared indicated metastasis. Thoracentesis, however, revealed a clear straw-coloured fluid (ʒ vi) of high specific gravity, no blood; no growth on ascitic fluid, no tbc. bacilli, antiformin method. Of 200 cells counted there were:

Polymorphonuclears, 4.5%.
Endothelial cells, 7.5%
Lymphocytes, 88%.

No sarcoma or cancer cells.

He was later re-admitted for examination of his kidney function. The urine was normal in amount, 40 oz. a day, high specific gravity, no albumin, no sugar; microscopically normal and phthalein test quite normal, nearly 70%.

We have kept in touch with him since and show him to-day a healthy, hard working boy, twelve years after operation.

HYDROCEPHALUS COMPLICATING INTRACRANIAL HAEMORRHAGE IN A NEW-BORN INFANT

S. G. Ross, M.D.

Montreal

The case here reported illustrates the possibility of recovery after severe intracranial hemorrhage at birth.

Male infant, age 4 days. Born February 9th, 1923, in the Montreal Maternity Hospital.

Family History.—Mother tuberculous, but disease arrested. Primipara.

Personal History.—Full term. Fairly easy labor. Low forceps used. No asphyxia at birth. Was kept on "forceps orders", i.e. absolute quiet for first two days. On February 11th, patient who had shown no symptoms of cerebral injury was put to breast. He vomited once on that day. On February 12th, the temperature was 101. He was nursing and taking supplemental feedings well. On February 13th, I was called to see the child as he had had several attacks of cyanosis accompanied by shallow and irregular breathing. One attack was severe and required administration of oxygen.

Present Condition.—Patient is a small infant. He lies in bed in an apathetic condition. The body is limp. There is no cyanosis. Cry weak. Skin somewhat dry. The head is normal and shows no signs of injury. Fontanelle flat and not tense. Pupils equal. No meningismus. Respiration regular but somewhat shallow. Heart and lungs normal. No cutaneous haemorrhage or bleeding from mucous membranes. Abdomen negative. Cord clean. Deep reflexes normal. Subcutaneous salines were ordered for the slight dehydration.

February 14th.—Not nursing well. This afternoon showed definite generalized muscular twitching. He has had several attacks of cyanosis. The deep reflexes are increased. Fontanelle bulging. Breathing irregular. Cry is somewhat meningeal. The eyes show nystagmoid movements. The patient shows definite signs of increased intracranial pressure and cortical irritation.

A lumber puncture was done and 8 cubic centimeters of bloody fluid obtained. This fluid did not clot on standing. The bulging of fontanelle was reduced by this withdrawal. The patient was given chloral gr. ij by rectum and kept absolutely quiet.

February 15th.—The fontanelle is slightly bulging and tense. Twitching of muscles of limbs and face. No further attacks of cyanosis. Taking feedings well.

February 16th.—Patient has had definite left-sided convulsive movements at times. The sutures of skull bones are slightly separated. Circumference of head 36 centimeters.

February 17th.—Slight vomiting. Fontanelle tense. Sutures separated more widely. Circumference of head 36.5 centimeters. Lumbar puncture—18 cubic centimeters of blood stained fluid withdrawn. This did not completely reduce the tension of fontanelle.

February 18th.—Temperature 101. Child vomiting forcibly. Head 37.5 centimeters in circumference. I made a ventricular puncture on the right side. No fluid was obtained. Repeated this on the left side and withdrew 40 c.c. of bloody fluid. Following this the circumference of the head was reduced to 36.5 centimeters and the fontanelle was sunken.

February 21st.—The patient's condition has shown improvement. There have been no more muscular twitchings or attacks of cyanosis. Less vomiting. Temperature 102 . Circumference of head 37.5 centimeters.

February 22nd.—Temperature 100 . Circumference of head 38 centimeters. Vomiting more severe. Patient's head assuming a definite hydrocephalic appearance. The eyeballs show downward displacement.

February 25th.—Condition has become stationary. No pressure symptoms except vomiting. Child much emaciated. He was put to breast again today.

March 4th.—Patient has been weaned as he refused to nurse. The circumference of head has increased to 39 centimeters. Sutures are widely separated. There is some head retraction. Vomiting persists. Takes only 1 to 1½ oz. at a feeding.

March 18th.—Discharged from hospital on March 9th. For the past two weeks condition